

**Carson Sheriff's Station  
Neighborhood Watch  
Block Captain's Program Application**

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**Orientation**

You have volunteered to support the Carson Sheriff's Station in the progressive and effective implementation of a Neighborhood Watch program in your neighborhood.

Your function in this program is to encourage cooperation between the residents of your neighborhood and the Sheriff's Department in reducing crime in your community. As a Block Captain, you have an obligation to the public we serve to maintain the highest ethical standards in both your personal and official conduct.

**Confidential Information:**

As a Block Captain, you may be exposed to sensitive information. Remember, official business of the Sheriff's Department should remain confidential and should only be discussed or given to those persons for whom it was intended. Any personal information, such as names, addresses or phone numbers, of any other Block Captains or Neighborhood Watch members will be kept confidential.


This information will be used only for crime prevention programs and will not be used for or released to any of the following:

- Charitable Solicitation
- Religious Programs
- Political or Campaign Activities
- Business Solicitation

The content of any criminal record filed with the Sheriff's Department shall be shown or divulged to authorize person(s) only.

**Fraternization:**

Be aware that as associates of the Sheriff's Department you are prohibited from fraternizing with, engaging in the services, accepting services from or performing favors for any persons in custody or recently released from the custody of the Department. Any members contacted by or on the behalf of a recently released prisoner shall immediately report such contact verbally and in writing to the Carson Sheriff's Station Community Relations Sergeant.

 Initials

**Carson Sheriff's Station  
Neighborhood Watch  
Block Captain's Program Application**

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**Personal Information**

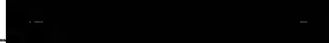
Fill out this Security Questionnaire completely and accurately. This information will be used to conduct a background check and all answers are subject to verification. Incorrect or omitted information may disqualify you from the program. If the space provided is inadequate, add another page and identify the additional information by its original item number.

PRINT ALL ANSWERS:

1. Pulido Isaias J  
Last Name First Name Middle Initial

Aliases/Other Name(s): ISA

2. Address:   
City: 

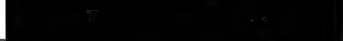
3. Primary Phone #:  Work #: " "

Cell Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_


4. Email address: I pulido @ carson ca - gov

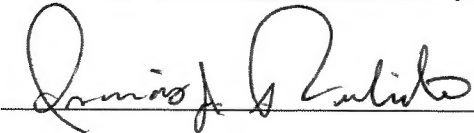
Alternate Email Address: 

5. Birth Date:  Birth Place: \_\_\_\_\_

6. Driver's License #:  State: 

7. Block Club Name: \_\_\_\_\_ RD: \_\_\_\_\_

8. Referred by: Councilman Jim Dear Phone #: 

Signature:  Date Signed: 4/18/22

**Carson Sheriff's Station  
Neighborhood Watch  
Block Captain's Program Application**

**Criminal History**

Answer all of the following questions completely and accurately. Any false information may disqualify you from the program.

Have you ever been arrested? Yes \_\_\_\_\_ No ✓

If yes:

1. What was the crime charge? \_\_\_\_\_

Arresting Agency name: \_\_\_\_\_

Date of Arrest: \_\_\_\_\_ Disposition: \_\_\_\_\_

2. What was the crime charge: \_\_\_\_\_

Arresting Agency name: \_\_\_\_\_

Date of Arrest: \_\_\_\_\_ Disposition: \_\_\_\_\_

Comments or explanations related to the above information:

Check box if additional page are attached: ☒

SP

Initials

Do not write below line – Internal use only

Date Received: \_\_\_\_\_ Approved X Denied \_\_\_\_\_

Reason for denial: \_\_\_\_\_

Entered by: A. HERNANDEZ

Date: 9/1/22

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Carson Sheriff's Station  
Neighborhood Watch  
Block Captain's Program

Orientation

Welcome to the Carson Sheriff's Station  
Neighborhood Watch Block Captain's Program

You have volunteered to support the Carson Sheriff's Station in the progressive and effective implementation of a Neighborhood Watch program in your neighborhood.

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Carson Sheriff's Station  
Neighborhood Watch  
Block Captain's Program

Personal information

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PLEASE PRINT ALL ANSWERS

1. Name: Meachem-Thomas Kristi  
Last First Middle Initial

Aliases/Other Name(s): \_\_\_\_\_

2. Address: \_\_\_\_\_  
City State Zip code

3. Phone #'s: \_\_\_\_\_ (310) 661-4572  
Home/Primary Work  
Cell Phone Other Phone

4. Birth date: \_\_\_\_\_ Birth Place: \_\_\_\_\_

5. Driver's License#: \_\_\_\_\_ State: \_\_\_\_\_

6. E-mail address: kmeachem@ca.rr.com

Alternate E-mail address: \_\_\_\_\_

7. Block Club Name: \_\_\_\_\_ RD: \_\_\_\_\_

8. Referred by: \_\_\_\_\_ Phone#: \_\_\_\_\_

Kristi Meachem-Thomas  
Signature

08/12/22  
Date



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PRINT ALL ANSWERS:

1. Henry Darlean Squire  
Last Name First Name Middle Initial

Aliases/Other Name(s): \_\_\_\_\_

2. Address: \_\_\_\_\_  
City: \_\_\_\_\_

3. Primary Phone #: \_\_\_\_\_ Work #: (310)898-6390

\* Cell Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

4. Email address: \_\_\_\_\_

Alternate Email Address: \_\_\_\_\_

5. Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_

6. Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

7. Block Club Name: Enslow Eagles RD: \_\_\_\_\_

8. Referred by: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature: Darlean Henry Date Signed: \_\_\_\_\_

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Arresting Agency name: \_\_\_\_\_

Date of Arrest: \_\_\_\_\_ Disposition: \_\_\_\_\_

2. What was the crime charge: \_\_\_\_\_

Arresting Agency name: \_\_\_\_\_

Date of Arrest: \_\_\_\_\_ Disposition: \_\_\_\_\_

Comments or explanations related to the above information:

Check box if additional page are attached: ☐

\_\_\_\_\_ Initials

Do not write below line – Internal use only

Date Received: 8/29/22      Approved X      Denied \_\_\_\_\_

Reason for denial: \_\_\_\_\_

Entered by: A. HERNANDEZ      Date: 9/1/22



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1. Aguilera Victoria M.  
Last Name First Name Middle Initial

Aliases/Other Name(s): \_\_\_\_\_

2. Address: \_\_\_\_\_  
City: \_\_\_\_\_

3. Primary Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Cell Phone#: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

4. Email address: \_\_\_\_\_  
Alternate Email Address: \_\_\_\_\_

5. Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_

6. Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

7. Block Club Name: \_\_\_\_\_ RD: Golden West  
Royal Lanier

8. Referred by: Colon y Cove Management Phone #: 310-538-3320

Signature: [Signature] Date Signed: 8/24/21

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\_\_\_\_\_  
\_\_\_\_\_

2. What was the crime charge: \_\_\_\_\_

Arresting Agency name: \_\_\_\_\_

Date of Arrest: \_\_\_\_\_ Disposition: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Comments or explanations related to the above information:

\_\_\_\_\_  
\_\_\_\_\_

Check box if additional page are attached: ☐

\_\_\_\_ Initials

Do not write below line – Internal use only

Date Received: \_\_\_\_\_ Approved X Denied \_\_\_\_\_

Reason for denial: \_\_\_\_\_

Entered by: Sgt. A. Hernandez      Date: 9/1/22